

**Preliminary Recommendations
Adult Intellectual Disabilities Redesign Workgroup**

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Introduction

The Intellectual Disability Redesign Workgroup has had 3 meetings to discuss key issues in the reform of services and supports outlined in Senate File 525. There will be two more meetings prior to the preparation of the draft report that will go to the Legislature. In the interests of time, the group facilitators have prepared a summary of the recommendations and specific policy proposals for review by the group. The recommendations are broken down into 3 categories:

- Eligibility, assessment, and resource allocation
- Outcome measurement
- Core Services

Eligibility, Assessment and Resource Allocation

1. There should be a standardized assessment tool for the measurement of the support needs of people with intellectual/developmental disabilities services for planning purposes as well as for resource allocation. One tool that should be explored is the Supports Intensity Scale (AAIDD), which is a valid, reliable and normed instrument that assesses an individual's strengths as well as their needs for supports. This tool is being used in several states around the country to determine appropriate funding levels and/or individualized budgets. At the direction of the Legislature, DHS should explore the implementation of this assessment and its use for resource allocation. Given the need for a group of trained interviewers to conduct the SIS, the Legislature should consider vesting the administration of the SIS with the newly created regions.
2. A statewide process for determining eligibility should be instituted to ensure that there is a standardized process across counties. Current eligibility templates – including that used for Level of Care for the waiver – should be streamlined and where possible, include compatible elements.
3. Over the next year, the state should explore and plan for the expansion within the intellectual disability waiver of current eligibility requirements to include individuals

with a developmental disability. The state should also consider consolidating waivers with overlapping target groups including the Ill and Handicapped waiver, the brain injury waiver, and the intellectual disability waiver. In order to accomplish this, it will be necessary for DHS to determine: how many of the individuals with developmental disabilities being served with county funds would meet waiver level of care; what services and supports they would require, and what the potential cost would be. The Legislature should ensure that DHS staff have the information they need (i.e., an accurate count of individuals with developmental disabilities currently served at the county level).

With respect to the consolidation of waivers, it will be necessary for DHS at the direction of the Legislature, to analyze the current service arrays in the 3 waivers, the utilization and costs associated with each waiver, and the level of care requirements in order to determine the feasibility of combining one or more of the 3 waivers. In fact Iowa currently has waivers that mix populations and eligibility thresholds. It should be noted that CMS is currently receiving comments on a new rule that would allow states to develop cross population waivers.

4. In order to determine who would meet the “developmental disabilities” eligibility requirement, the state should develop criteria that include clinical/diagnostic as well as functional status. With respect to clinical/diagnostic requirements, at a minimum, they should include cerebral palsy, epilepsy, and autism. Functional characteristics can be derived from the current federal definition or could be aligned with a standardized functional/support needs tool.
5. In order to continue the progress made as part of Money Follows the Person in moving individuals out of the resource centers as well as out of private ICFs/MR, it will be necessary to examine what has worked and what has not worked to ensure the sustainability of community placements. Specifically, there needs to be increased concentration on the expansion of crisis services for individuals with co-occurring conditions, medical issues, and behavior challenges. This should include early prevention of behavioral crises through the use of applied behavior analysis and positive behavior supports. In addition to availability of crisis services, the state should consider ways to increase provider capacity and competency and develop outcome measures/incentives that promote community placement and retention.

Outcome Measurement

1. Measurement and monitoring of the performance of services and supports should be premised to a significant degree on the achievement of positive outcomes for individuals and families. Current monitoring processes should be reviewed to ensure that what is being measured is consistent with these outcomes.
2. Data regarding the performance of providers, regions as well as the state ID system should be aggregated and reported and made public to stakeholders across the state. This should include information from the Iowa Participant Experience Survey, case management profiles, provider reviews, and incident management systems. This recommendation recognizes that the discovery processes noted do not necessarily cover all individuals with ID/DD in all settings but DHS should begin to work with the data that it currently has and plan for the expansion of performance data over the next few years. This work should be done in conjunction with the development of regional quality assurance functions. DHS should be allocated staff resources to build and maintain this capability.
3. DHS should also be allocated staff resources to review and analyze data across systems (Department of Inspections and Appeals, county, school, and DHS), identify trends, and develop quality improvement strategies. DHS should develop a quality improvement committee that looks at data across discovery processes to develop a holistic view of the performance of the system. This same capacity should be developed at the regional level.
4. In collaboration with the provider association, DHS should work to develop more standardized and consistent family and individual satisfaction surveys that are based on those surveys currently being circulated by individual providers. A standardized satisfaction survey should be based on the consolidated quality of life measures developed by the redesign workgroups.

Core Services

1. All services currently offered to people with Intellectual Disabilities should be included as Core Services. This recommendation was made out of concern that the Legislature may interpret not listing a current service as an indication funding can stop immediately.
2. The following new services were recommended to be added to the service array:

- a. Crisis Prevention and Intervention ¹
 - b. Behavioral Intervention, and Positive Behavior Support Services ²
 - c. Mental Health Outreach ³
 - d. Services focused on treatment of co-occurring disabilities, both mental illness and substance abuse
 - e. Speech, Occupational and Physical Therapies needed for habilitation and therefore beyond the scope of rehabilitative criteria on the State Plan.
 - f. Housing supports – finding and funding
 - g. Tele-health capabilities
 - h. Peer to Peer support
3. The list of Core Services (current and newly recommended) should be “Community First”, prioritized based upon the goals and outcomes established in Iowa’s Olmstead Plan. Specifically, services that expand and support community integration should be encouraged and expanded (i.e. Supported Community Living, transition services, Supported Employment, etc.) and services that are institutionally based should be phased-down in a thoughtful manner (i.e. ICF/MR, sheltered workshops, etc.)
4. Case management should be conflict-free and include the following functions:
 - a. Waiver eligibility determination and annual level of care redetermination process.
 - b. Independent assessment of a persons’ needs⁴
 - c. Ongoing monitoring of service delivery
 - d. Identification of risk and planning to mitigate risk
 - e. Consumer directed service planning
 - f. Ability to access and navigate both local and state resources
5. Recommendations for employment related services include:
 - a. Job Development
 - b. Supported Employment

¹ We learned from IME that they are currently drafting regulations to add this as a service to the waiver based on the IPART model.

² IME is drafting regulations on this service as well. Additional information and examples of other states’ service definitions and provider qualifications may be useful to them.

³ The workgroup did not fully discuss this service. It was added upon learning the IME is drafting regulations to add it to the current waiver.

⁴ It was noted in discussion by the workgroup that assessment will need to be fully independent from other case management functions if the state moves to a resource allocation model (i.e. if the assessment is connected to the funding amount a person receives).

- c. Prevocational – time limited and focused on an employment related goal. It should be noted that some individuals may need more than a year to attain an employment goal.
- d. Sheltered work –This service should remain for the time being, but it should receive a low priority (comparable to institutional services) based on the goals in the state's current Olmstead plan. Plans should be made for the gradual thoughtful phase down of sheltered workshop/piece work that pays below minimum wage.